

**COMMONWEALTH OF KENTUCKY
INFORMATION FOR BOARDS AND COMMISSIONS**

Return Completed Form To:
Regina Crawford, Executive
Director, Boards and Commissions
Governor's Office
Room 100, State Capitol
Frankfort, KY 40601
(FAX 502/564-0437)

Please indicate Boards/Commissions you wish to consider

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District
Home Address	City	State	Zip
Date of Birth		*Party Affiliation: Dem. Rep. Ind. (Underline one)	Race
Your Occupation		Business Phone Number & Fax Number	Residence Phone Number
Email address			Mobile Number
Current Employer	Business Address		
Spouse's Name	Spouse's Employer		

EDUCATION AND GENERAL QUALIFICATIONS:

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

*Necessary for certain boards to comply with state law in regard to balance
CURRENT RESUME MAY ALSO BE SENT

DATE: _____ SIGNATURE: _____